

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	CCS5006USPCT	
	First Named Inventor	Rosie L. Burnell et al.	
	<i>COMPLETE IF KNOWN</i>		
	Intl. Application No.: Application Number	PCT/GB2005/003725 10/578,807	
	Intl. Filing Date: Filing Date	September 27, 2005 March 14, 2008	
	Group Art Unit	Unknown	
	Examiner Name	Unknown	

☐ Declaration Submitted with Initial Filing      ☒ Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)      **OR**

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**AUTO-INJECTION DEVICE WITH NEEDLE PROTECTING CAP HAVING OUTER AND INNER SLEEVES**  
*(Title of the Invention)*

the specification of which

☐ is attached hereto

**OR**

☒ was filed on (MM/DD/YYYY) May 8, 2006 as United States Application Number 10/578,807 or PCT International Application Number PCT/GB2005/003725.  
           and was amended on (MM/DD/YYYY)            (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	YES	NO
PCT/GB2005/00375	PCT	September 27, 2005	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:		
<b>DECLARATION - Utility or Design Patent Application</b>		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
<b>Application Number(s)</b>	<b>Filing Date (MM/DD/YYYY)</b>	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
<b>Application Serial No.</b>	<b>Filing Date</b>	<b>Status</b>
<b>AUTHORIZATION TO PERMIT ACCESS TO APPLICATION BY PARTICIPATING OFFICES</b>		
<input type="checkbox"/> If checked, the undersigned hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h). This box should not be checked if the applicant does not wish the EPO, JPO, or other intellectual property office in which a foreign application claiming priority to the above-identified application is filed to have access to the application.		
In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the application-as-filed with respect to: 1) the above-identified application, 2) any foreign application to which the above-identified application claims priority under 35 USC 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified US application, and 3) any U.S. application form which benefit is sought in the above-identified application.		
In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Offices.		
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 2px;">00002777</span> →	Place Customer Number Bar Code Label Here	
<b>AND</b>		
<input checked="" type="checkbox"/> Practitioner(s) named below: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <u>Name</u> Dean L. Garner         </div> <div> <u>Registration Number</u> 35,877         </div> </div>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Dean L. Garner, at telephone number (513) 337-8559.		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>           Direct all correspondence to:         </div> <div> <input checked="" type="checkbox"/> Customer Number or Bar Code Label         </div> <div style="border: 1px solid black; padding: 2px;">           00002777         </div> </div>		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Rosie L. Family Name or Surname Burnell

Inventor's Signature *R. Burnell* Date 9 September '08

Residence: City Cambridge State Country GB Citizenship GB

Mailing Address 84A Blinco Grove, Cambridge, CB1 7TS

City Cambridge State ZIP Country GB

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) David M. Family Name or Surname Johnston

Inventor's Signature *D. Johnston* Date 28<sup>th</sup> August 2008

Residence: City Robbinsville State NJ Country US Citizenship GB

Mailing Address 10 Hulse Street

City Robbinsville State NJ ZIP 08691 Country US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

Inventor's Signature Date

Residence: City State Country Citizenship

Mailing Address

City State ZIP Country